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ABSTRACT

A review of 80 case files of American Indians in Northern Arizona was undertaken to identify factors associated with clients who were found to be ineligible for rehabilitation services and clients who were successfully and unsuccessfully rehabilitated. The 11 dependent variables considered were severity of disability, physical or mental disability, single or multiple disability, disability duration in years, marital status, age, Native language usage, residence (on- or off-reservation), education level, access to transportation, and congruence between the client's expressed vocational interest and eventual placement at closure. The majority (73%) of the clients closed in status 26 (suitably employed for 60 days or more) had a nonsevere disability. The majority (63%) of clients closed in status 28 (eligible for services but not employed) had a severe disability. Severe disabilities ranged from quadriplegia to schizophrenia and other severe psychological problems. Nonsevere disabilities ranged from fractures to hearing impairment. The majority (83%) of clients closed as successful in status 26 had only one disability; 42% of the clients closed as unsuccessful in status 28 had more than one disability. Clients who entered the vocational rehabilitation system with more education were more likely to achieve successful rehabilitation than clients who had less education. (JHZ)

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AMERICAN INDIANS AND VOCATIONAL REHABILITATION:

A CASE REVIEW STUDY OF FORMER CLIENTS

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INTRODUCTION

Arizona has the third largest Indian population in the United States according to the 1980 U.S Census Report. The Indian population of Arizona also represents 10.78% of the total national Indian Population. Many Indians reside on federal Indian reservations and most of these are located mainly in rural areas in the western half of the United States. Some of the problems encountered in rehabilitation for rural populations are limited rehabilitation personnel, lack of training and evaluation services and transportation problems (Cook, Ferritor & Cooper, 1981).

American Indians have historically been located at the bottom of every social statistical indicator (Toubbeh, 1985). They have one of the "highest infant mortality rates, the highest rate of unemployment, the lowest level of educational achievement, the lowest per capita income, and the poorest housing and transportation in the nation" (P. 3). Indians who are in need of rehabilitation services are not receiving them and continue to receive minimal attention from systems that serve them and the general population. Toubbeh (1985) states the prevalence of disability in this population is very high and this problem is compounded by the fact that service delivery is delegated by several different agencies, i.e. tribal, local, state and federal.

Morgan and O'Connell (1985) mention several reasons for a low rehabilitation success rate for Indians when they do seek services.

They cite the Rehabilitation Services Administration Report on Indian Clients (1980) that suggests three possible reasons for this low rate: (a) the low socioeconomic status of American Indians, (b) differences between the types of disabilities most prevalent among this population and those found in other groups, (c) difficulties in maintaining contact with these clients. Once accepted in the case load the American Indian client is less likely to be successfully rehabilitated than other clients . Indian clients are more likely to be male and attain an education level that is four school months lower than that of the general population. Another factor that effects successful rehabilitation is the types of disabilities in the Indian case load. These investigators found that over 20% of all American Indian clients are alcohol and drug abuse cases and exhibit the lowest success rate of any group, which aproximates 40%. Indian clients are more likely to have their cases closed not successfully rehabilitated because the counselor was unable to locate the client and because of failure to cooperate (Morgan and O'Connell, 1985).

In a study of rehabilitation personnel who served American Indians by Tanner and Martin (1986), 56% of the respondents expressed that limited English, speech-language and hearing disorders inhibited successful rehabilitation efforts for this population. Tanner and Martin also state that 12.7% of American Indians of working age (16-65) were work disabled and 6.4% were prevented from working due to disabilities and that "this is higher than data reported for the general population which is 8.5% and 4.4% respectively" (p.4).

Nickoloff (1975) in a study of hearing impaired American Indians who sought vocational rehabilitation services, found that those with an etiology of otitis media were successfully rehabilitated more often than those who lost their hearing due to congenital conditions. Males achieved successful rehabilitation more often than females. Two thirds of the clients lived on Indian reservations and had a mean age of 24.9 years.

The purpose of this study was to identify factors that were associated with: (a) clients found to be ineligible for rehabilitation services and (b) clients who were successfully and unsuccessfully rehabilitated.

Research Questions

1. For clients closed status 08, what were the reasons associated with being determined ineligible for services?
2. What factors were associated with successful closure of this sample by comparing clients in statuses 26 and 28?
3. Was there congruence between the expressed vocational interests, the Individualized Written Rehabilitation Plan (IWRP), vocational goal and the eventual placement of clients closed in status 26?
4. Was there congruence between the expressed vocational interests and the IWRP goal of clients closed in status 28?

METHODOLOGY

Research Approach

The type of research used for this study was ex post facto which is defined as research in which the independent variable or variables have

already occurred and in which the researcher starts with an observation of a dependent variable or variables. The researcher then studies the independent variables in retrospect for their possible relationship to, and effects on, the dependent variables.

Variables and Operational Definitions

The dependent variables are: (a) Rehabilitation Closure - which was measured in this study by comparing status 26 and 28 closures and (b) Ineligible Closure which was measured by 08 closures. Bitter (1979) provided the following closure definitions:

> Status 26 represents closed, rehabilitated. To be closed as successfully rehabilitated, the client must have been declared eligible for rehabilitation services, must have received appropriate diagnostic and related services, must have had a Individual Written Rehabilitation Program, must have completed the program of services, and finally have been determined suitably employed for a minimum of 60 days. Status 28 indicates that the client's case is closed for other reasons after the IWRP was initiated. Cases closed in this status have met the eligibility criteria for services and have been provided at least one of the services of the rehabilitation program but the client has not been successfully employed. Status 08 is an ineligible closure status for all persons processed through referral application and/or extended evaluation and not accepted into the active case load for rehabilitation services (p.38).

The independent variables are: (a) Severity of disability: a client having their disability determined as either severe or nonsevere according to the criteria established by the Rehabilitation Services Administration. (b) Physical or mental disability: the clients disability being either of a physical or mental nature, i.e. amputation or psychological problems. (c) Single or multiple disability: the clients reporting having one or more disability and this confirmed in the GME. (d) Disability duration in years: the number of years the client reports having had their disability and this confirmed by medical records. (e) Marital status: when a client is either married, single, divorced or separated. (f) Age: an individuals chronological development measured in years. (g) Native language Usage: the client reporting that they could or could not speak their native language. (h) Residence: when a client lives in a community located on or off their respective reservations. (i) Education level: the last grade the client has completed in school at the time of application for services. (j) Transportation: owning an automobile that is in running condition or having access to other means of transportation that will enable one to make scheduled appointments. (k) Congruence between the clients expressed vocational interest, IWRP goal and eventual placement at closure.

Data Collection

A field study protocol was developed and field tested to collect the needed data from the case files. The data were collected by review of the case files at the Rehabilitation Services Administration District III Office in Flagstaff, Arizona and recorded on the

protocols. A sample of 80 case files from the years 1973-1985 were selected for analysis. The study sample did not include all American Indians who applied for services at this office. The data were converted to a numerical code corresponding to each item and then transferred to grid sheets for entry into the computer.

Data Analysis

First, the data were analyzed using descriptive statistics which included counts, frequencies, percentages and means. Second, inferential statistics were used to determine if there were any significant differences between successful rehabilitants by comparing statuses 26 and 28. For the continuously scaled variables, F-tests were computed. These variables were: Age, education level and disability duration in years. For the variables which were scaled as discrete, chi-square analyses were conducted. These variables were: severity of disability, physical or mental disability, single or multiple disability, marital status, residence, language, transportation, congruence between expressed interests, IWRP goal and placement of status 26 closures and expressed vocational interests and IWRP goal of status 28 closures.

RESULTS

The study sample consisted of American Indians from Northern Arizona, specifically the Navajo, Hopi, and Apache. There were 80 subjects of which the majority were Navajo 53 (66%) with Hopi comprising 20 (25%), Apache 5 (6%) and other tribes 2 (3%). Males comprised 56 (70%) and females 24 (30%). The mean age of the sample was 28.09 years with a maximum of 48 years and a minimum of 15 years. Twenty eight (35%) were married, 41 (51%) were single, seven (9%) were

divorced and four (5%) were separated. Fifty-seven (73%) resided on a Indian reservation and 21 (27%) resided off Indian reservations. The mean education level of the sample was 10.53 with a maximum of 15 years of schooling completed and a minimum of 5 years completed at the time of application for services. Thirty (38%) of the sample were closed in status 08, 29 (36%) were closed in status 26 and 21 (26%) were closed in status 28.

1. For clients closed status 08, what were the reasons associated with clients being ineligible for services?

The number one reason recorded by counselors for clients being closed in status 08 as ineligible for vocational rehabilitation services was failure to cooperate with the counselor in the rehabilitation plan (see table 1). Specific reasons identified by the counselor for failure to cooperate were the client started drinking, failure to respond to letters and telephone calls, failure to meet scheduled appointments and the client expecting immediate services or expecting services that could not be provided by vocational rehabilitation. Table 2 shows the types of disabilities associated with clients in status 08.

Table 1

Status 08 Reason for Closure and Ineligibility for Services

	No.	%
Reason for Closure		
1. Failure to cooperate	14	47
2. Unable to Locate	7	23
3. Did Not Desire VR Services	3	10
4. Disability to Severe	3	10
5. No Vocational Handicap	2	7
6. Unmotivated	1	3
Total	30	100

Table 2

Status 08 Disabling Conditions

	No.	%
Four most reported disabilities		
1. Alcoholism	14	47
2. Psychological	2	6.6
3. Arthritis	2	6.6
4. Back Problems	2	6.6

2. What factors were associated with successful closure of this sample by comparing statuses 26 and 28?

The following are reasons for clients being closed in status 28 after the IWRP was initiated:

1. Uncooperative
2. Unable to locate
3. Did not desire services
4. Client moved out of state
5. Death of the client

Severity of Disability

Thirty-three (44%) of the sample had a severe disability , while 40 (56%) of the sample had a nonsevere disability.

Table 3

Severity of Disability and Closed Status

Closed Status	08		26		28	
	No.	%	No.	%	No.	%
Severe	14	47	7	26.92	12	63.16
Nonsevere	16	53	19	73.08	7	36.84
Total	30	100	26	100	19	100

The majority of clients closed in status 26 had a nonsevere disability. The majority of clients closed in status 28 had a severe disability (see table 3). A 2x2 chi-square was calculated comparing statuses 26 and 28. The chi-square was significant at the .05 level. $X2(1, N = 45) = 5.91$, $p<.05$. Individuals with severe disabilities were less likely to be closed as successfully rehabilitated in status 26.

Physical or Mental Disability

Fifty-five (70.5%) of the sample had a physical disability, 23 (29.5%) had a mental disability. The majority of clients closed in status 26 had a physical disability and the majority of clients closed in status 28 also had physical disabilities (see table 4). A 2x2 chi-square was calculated comparing statuses 26 and 28. The chi-square was not significant at the .05 level of significance. There were no proportional differences between individuals with physical or mental disabilities in being closed status 26 or 28.

Table 4

Physical or Mental Disability and Closed Status

Closed Status	26		28	
	No.	%	No.	%
Physical	22	75.86	14	67.67
Mental	7	24.14	7	33.33
Total	29	100	21	100

Single or Multiple Disability

Fifty-four (68%) of the sample had a single disability and 25 (32%) had more than one disability recorded on the GME. The majority of the clients closed as successful in status 26 had their disability recorded as single, and the majority of clients closed in status 28 also had their disability recorded as single (see table 5). However, clients who had a single disability were more likely to be successfully

rehabilitated than clients who had more than one disability. $X2(1, \underline{N} = 50) = 3.96$, $p<.05$.

Table 5

Single or Multiple Disability and Closed Status

Closed Status	26		28	
	No.	%	No.	%
Single	24	82.76	12	57.14
Multiple	5	17.24	9	42.86
Total	29	100	21	100

Disability Duration Years

The sample had a mean of 10.67 years with a maximum of 34 years and a minimum of one year in this category. The clients closed as successful in status 26 had a mean of 10.36 years and those clients closed in status 28 had a mean of 11.75 years. An analysis of variance was calculated comparing statuses 26 and 28. It was not significant at the .05 level of significance.

Marital Status

The majority (51.72%) of those clients closed as successful in status 26 were single and the majority of clients (66.67%) closed in status 28 were also single. While there was a higher proportion of single individuals closed in status 28, the difference was not significant.

Age

The mean age of the sample was 28.09 years with a maximum of 48 and minimum of 15 years. The mean age of those clients closed as successfully rehabilitated in status 26 was 26.14 years and the mean for those clients closed as unsuccessfully rehabilitated in status 28 was 27.76 years. An analysis of variance was calculated comparing statuses 26 and 28, which resulted in no significant differences. Age of the clients in this sample was not a significant factor associated with successful rehabilitation.

Language

Data was available on 90% of the sample. Of those clients closed in status 26, 76% could speak their Native language, of those clients closed in status 28, 71% could speak their Native language. The chi-square was not significant, $X2(1, N=23) = .13$, $p>.05$. A chi-square was calculated comparing statuses 08 and 26 on the variables of English and Native language usage and it was significant, $X2(1, N=37)= 10.43$, $p<.05$. Language usage (English or Native) was not a significant factor associated with successful closure when comparisons were made between status 26 and 28, but was significant when statuses 08 and 26 were compared. Clients who speak their Native language were more likely to be closed in status 08 as ineligible for services than clients who speak English.

Residence

Seventy-three percent of the sample resided on their respective reservations at the time of application for vocational rehabilitation services and 27% resided off of their respective reservations at the time of application for services (see table 6). A 2x2 chi-square was

calculated comparing statuses 26 and 28 and it was not significant at the .05 level of significance. The location where an Indian client lives (on reservation or off reservation) was not a significant factor in successful closure when statuses 26 and 28 were compared. A chi-square was calculated comparing statuses 08 and 26, it was significant at the .05 level, $X2(1, N=58)= 6.78$, $p<.05$. A client who lives on their respective reservation at the time of application for services is more likely to be closed in status 08 as ineligible than a client who resides off their respective reservations.

Table 6

Residence and Closed Status

Closed Status	08		26		28	
	No.	%	No.	%	No.	%
On Reservation	27	90	17	60.71	12	63.16
Off Reservation	3	10	11	36.29	7	36.84
Total	30	100	29	100	29	100

Education Level

The sample had a mean grade level of 10.53 with a maximum of 15 and a minimum of 5 grades achieved at the time of application for vocational rehabilitation services (see table 7). An analysis of variance was computed comparing statuses 26 and 28. The F-value was significant, $F(1,48) = 4.10$, $p<.05$. Clients closed as successful in status 26 had a higher mean education level, higher maximum grade level achieved and a higher minimum grade level achieved than clients closed

in status 28. Clients who enter the rehabilitation system with more education were more likely to achieve successful rehabilitation than those with less education.

Table 7

Education Level and Closed Status

Closed Status	Total Sample	26	28
M	10.53	11.48	10.48
SD	2.21	1.48	2.04
Max Grade Achieved	15	15	12
Min Grade Achieved	5	8	5

Transportation

A 2x2 chi-square was calculated comparing statuses 26 and 28. The chi-square was not significant at the .05 level of significance. The majority (55.56%) of the clients closed in status 26 relied on other means of transportation, i.e. friends, relatives, public transportation and counselors.

3. Was there congruence between the expressed vocational interest, IWRP and eventual placement of clients closed in status 26?

The expressed vocational interest, IWRP and eventual placement of the client were converted to Holland's Occupational Codes (HOC). These codes are organized into six main groups - Realistic, Investigative, Artistic, Social, Enterprising and conventional (R,I,A,S,E,C,). These

six main groups are useful in assessing the degree of congruency between the person's interests or preferences and thousands of occupations. The three codes that appeared most often were R,E,and S in various combinations. The first code of each was analyzed using a chi-square. The chi-square was not significant. There was consistency between the expressed vocational interests, IWRP goal and eventual placement of the clients closed in status 26.

4. Was there congruence between the expressed vocational interest and the IWRP goal of clients closed in status 28?

The first code of each was analyzed using a chi-square. The chi-square was not significant at the .05 level which showed congruence between the expressed vocational interest and the IWRP goal of clients closed in status 28.

DISCUSSION

The majority of the clients closed in status 26 (73%) had a nonsevere disability and the majority of clients closed in status 28 (63%) had a severe disability. The severe disabilities ranged from quadriplegia to schizophrenia and other severe psychological problems. The nonsevere disabilities ranged from fractures to hearing impairment. Clients who enter the vocational rehabilitation system with disabilities that are nonsevere in nature had a better chance of achieving successful rehabilitation than clients who entered the system with more severe disabilities. The majority of the clients (83%) closed as successful in status 26 had only one disability. Forty-two percent of the clients closed as unsuccessful in status 28 had more than one disability. Clients who enter the vocational rehabilitation system with only one disability had a better chance of achieving

successful rehabilitation than clients who had more than one disability. The severely disabled client represents a special concern to the rehabilitation counselor. Additional disabilities can compound the rehabilitation process as difficulties increase for this population in both magnitude and complexity.

Clients who enter the vocational rehabilitation system with more education were more likely to achieve successful rehabilitation than clients who had less education. Clients who have more education may be more goal directed and achievement oriented than clients with less education.

There was congruence between the expressed vocational interests, goal on the IWRP and eventual placement of client's closed in status 26. When the rehabilitation plan is being developed and the client has realistic vocational expectations in regard to their abilities, this may enable the counselor and client to develop realistic goals and objectives to achieve successful rehabilitation. The more congruent the expressed vocational interest and IWRP goal are the better the chance of the client being placed in a occupation that is also congruent and the better the chances are that the client will achieve successful rehabilitation.

There was also congruence between the expressed vocational interests and IWRP goal of clients closed in status 28. Although these clients did not achieve successful rehabilitation there was congruence between their expressed vocational interest and IWRP goal. If these clients had not been closed for other reasons there was a reasonable expectation of them being placed in a job that may have provided

satisfaction and increased the probability that they may have achieved successful rehabilitation.

Although 73% of the sample resided on reservations at the time they applied for services it was not significant. However, the location where an Indian client lives may be important in regards to the type of placement and long term employment opportunities available.

This sample consisted of 80 cases of American Indians who applied for vocational rehabilitation services from 1973 - 1985 but did not represent all American Indians who applied for services at the Rehabilitation Services Administration District III office in Flagstaff, Arizona. The years 1973 - 1985 does not represent the entire period in which counselors from this office have been serving American Indians. This office has a longer history of successfully working with American Indian clients. All tribal groups of Northern Arizona were not represented and the majority were Navajo thus any generalizations to other tribal groups would be unwarranted. This study represents only a preliminary investigation and should be interpreted as such. It should be used as a starting point that would direct other researchers to investigate some of the findings in more depth. The following are recommendations for further research with American Indians and the vocational rehabilitation process;

1. A concentrated effort should be undertaken to understand the needs of American Indians who have severe and multiple disabilities. Research should be conducted and strategies devised that would enhance the success of these clients in the rehabilitation process.

2. Additional samples of Indians from other geographical areas should be studied to determine if factors associated with successful rehabilitation vary according to location in the country.

3. Conduct research into factors associated with successful rehabilitation that is tribal specific.

4. Explore further the relationship between level of educational attainment and successful rehabilitation.

5. Compare factors associated with the successful rehabilitation of Indians living on reservations compared with those living in urban areas.

6. Conduct research that investigates variables such as acculturation and enculturation in relation to successful rehabilitation.

7. Explore the effects of unemployment and existing labor markets on successful rehabilitation of American Indians.

This list is by no means exhaustive of the possibilities of research that can be conducted with American Indians who are receiving vocational rehabilitation services, but should be used as a starting point for further investigations.

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